

DRAFT
Butte Countywide Homeless Continuum of Care
FY 2021 Request for Proposal Instructions

Project Applications for the Butte Countywide Homeless Continuum of Care (CoC) annual project funding competition must be complete and submitted by **5:00 pm PST on October 5, 2021** to be eligible for funding consideration. Any proposals received after this deadline will not be considered for funding.

One application is being used for all projects, with sections designated according to the project component type (Housing, HMIS, SSO-CE). Each applicant is required to complete five sections:

Cover

One complete and signed cover sheet must be submitted for each application. See Section V.B.3.f of the federal NOFO for an explanation of the available grant terms for new projects.

Eligibility Thresholds

The eligibility thresholds are based on the requirements specified in the FY2021 NOFO, Section V and must be complete for each project application. The thresholds determine eligibility on a pass/fail basis, prior to the application ranking; the threshold scores are not considered in the ranking process. If you are unable to pass any question, you may attach an explanation. New sub-recipients must complete an abbreviated eligibility threshold.

Project Quality Thresholds

The quality thresholds determine that minimum quality benchmarks are met as either pass or fail before ranking the project. For new projects, applicants must demonstrate that the proposed project and organization's existing policies align with HUD requirements. Renewal projects, that have previously met project standards must indicate that HUD quality requirements have been met under the existing contract.

Project Ranking Criteria

A range of points will be assigned for achieving the specified criteria in the Project Ranking Criteria section, by project component (ie, Housing, HMIS, SSO-CE). Ranking will be determined by the project's ability to demonstrate that its administrative, operational, and service delivery aligns with HUD and the CoC's housing, service, and funding priorities; represents policies set by HUD and strategies articulated in *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*; and achieves realistic performance measures.

When evidence is requested, applicants will need to provide a succinct description and/or reference written and attached policies to prove the proposed project addresses the ranking criteria. Where possible, data from the HUD Annual Performance Reports (APRs) should be used. An alternate data system and report may be used for agencies serving victims of domestic violence or new agencies not participating in HMIS who are proposing new programs. Applications will be ranked for funding in order according to the applicant's awarded total points.

Applicants who believe the criteria does not offer a fair advantage based on the nature of their agency or project may indicate that in the narrative of their application and request an exception. The council will consider that request during the CoC review and ranking meeting.

Budget

Applicants must complete a budget summary, which aligns with HUD funding requirements. In addition, match, indirect, and sub-recipient funding must be indicated.

Please complete the sections that correspond with the type of application to be submitted.

Content of Pages to Complete by Application Type	Cover	Eligibility Threshold	Quality Threshold	Ranking Criteria	Budget
New Housing Application	1	2-3	6-7	10-16, 17	24-25
New Support Services Only Application	1	2-3	6-7	20-21	24-25
Renewal HMIS Application	1	4-5	8-9	19	24-25
Renewal Housing Application	1	4-5	8-9	10- 16, 18	24-25
Renewal Support Services Only Application	1	4-5	8-9	22-23	24-25

Application questions which are the same as those required in the ESNAPS' Project Application include a reference to the applicable ESNAPS' screen/questions.

Other Application Documents

The Request for Proposal and application is created in conjunction with the HUD and CoC processes outlined in the following documents:

- Butte Countywide Continuum of Care Review, Score and Ranking Procedures (Adopted 9/15/21 – annual)
- Butte Countywide Homeless Continuum of Care Process for Reallocation (Adopted 7/18/16)
- Butte Countywide Homeless Continuum of Care Application Timeline (Adopted 9/15/21 - annual)
- U.S. Housing and Urban Development Continuum of Care Interim Rule 24 CFR 278
- 2021 Notice of Funding Opportunity for the Fiscal Year 2021 Continuum of Care Program Competition (FR-6500-N-25)

Language Support

Upon request, the Project Application may be provided in Spanish as well as one-to-one translation support can be provided. Please contact Don Taylor at dtaylor@buttecounty.net for language support.

Submission

The application may be electronically submitted via email to buttecoc@buttecounty.net. If internet is not available to you, it may also be printed and hand delivered to 202 Mira Loma Drive, Oroville, CA 95965 or via mail to P.O. Box 1649, Oroville, CA 95965. All applications, whether emailed, hand-delivered, or mailed must be received by **October 5, 2021 at 5:00 pm PST. Applications received after this deadline will not be considered.**

Questions

Any questions regarding the application or application process may be made to County CoC staff at buttecoc@buttecounty.net or by calling Don Taylor at 530-552-6201.

**FY 2021 Butte Countywide Homeless Continuum of Care
Project Application Cover Sheet**

Project Name: _____

Applicant: _____

Contact: _____ Phone: _____

Email address: _____

Sub-recipient: (If applicable) _____

Requested Funding Amount: _____

Project Type (check one)

- New Project
- Renewal Project
- Renewal Project with Expansion
- Project Consolidation
- DV Bonus-New or Expansion Project

Community To Serve (check all that apply)

- Countywide
- Biggs/Gridley
- Chico
- Oroville
- Paradise

Project Component (check one)

- Permanent Supportive Housing
- Rapid Rehousing
- Transitional Housing
- Joint Transitional Housing and Rapid Re-Housing
- Support Services Only/Coordinated Entry
- Homeless Management Information System

Grant Term (check one)

- 1 year
- 2 years
- 3 years
- 4 years
- 5 years
- 15 years

Funding Purpose (check one)

- Tenant-based rental assistance
- Sponsor-based rental assistance
- Project-based rental assistance
- Leasing costs
- Operational costs
- Coordinated Entry
- HMIS

Funding Term (check one)

- 1 year
- 2 years
- 3 years
- 4 years
- 5 years

Optional Funding Purpose (check one if applicable)

- New construction
- Acquisition
- Rehabilitation

Authorizing Signature _____

Date _____

NEW APPLICANT ELIGIBILITY THRESHOLD (PASS/FAIL)

Applicants must qualify (pass) under these eligibility requirements in order for their application to be reviewed and ranked in the competition. Applicants deemed to fail these threshold eligibility requirements will not be reviewed and ranked in the competition.

New Applicant Eligibility Threshold	Internal Use
<p>A. Applicant must have a Data Universal Numbering System (DUNS) number and an active registration in the System for Award Management (SAM). Check all appropriate boxes:</p> <p><input type="checkbox"/> Current DUNS number _____</p> <p><input type="checkbox"/> Applying for a DUNS number</p> <p><input type="checkbox"/> SAM registration is current</p> <p><input type="checkbox"/> Registering in SAM</p>	P F
<p>B. Applicant must be a non-profit organization, state, local government or public agency, public housing agency, Indian Tribe, or Tribally Designated Housing Agency. Check the box that describes your agency:</p> <p><input type="checkbox"/> Non profit organization</p> <p><input type="checkbox"/> State local government or public agency</p> <p><input type="checkbox"/> Public housing agency</p> <p><input type="checkbox"/> Indian Tribe</p> <p><input type="checkbox"/> Tribally Designated Housing Agency</p>	P F
<p>C. New Projects Commitments</p> <ol style="list-style-type: none"> 1. If awarded the proposed grant, how many months after being awarded would work begin for this project, including rental assistance if applicable? _____ Months 2. Applicant is a Drug Free Workplace (Initials _____) 3. Applicant does not participation in federal lobbying activities in connection with the CoC program (Initials _____) 4. Applicant adheres to Fair Housing and Equal Opportunity Act (Initials _____) 5. Attach proof of non-profit or public agency (label NAET-C5) 6. Attach a description of your financial and management capacity and experience to carry out the project. (label NAET-C6) 7. Attach your organization's most recent audited financials. (label NAET-C7) 8. Attach a description of your experience successfully administering similar projects, and include a list of all your organization's federally funded projects (label NAET-C8) 	P F
<p>D. Matching</p> <ol style="list-style-type: none"> 1. Amount of match \$ _____ (Must be at least 25%) 2. Source of match _____ 	P F
<p>E. Indirect Costs</p> <ol style="list-style-type: none"> 1. Percent of indirect cost _____ % (cannot exceed 10%) 2. Attach federal negotiated Indirect Cost Rate Proposal (if applicable) 	P F
<p>F. Statutory Requirements</p> <p>The administrating agency and proposed project meet all statutory and regulatory requirements in 24 CFR part 578 (Initials) _____</p>	P F

<p>G. Eligible populations to be served with HUD approved projects (see 24 CFR 287 and NOFO Section II.B.11.f.). Check one population and project that describes your application:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Homeless individuals and families who originally came from the streets, emergency shelters, institutions, or transitional housing, and are served in dedicated permanent supportive housing beds <input type="checkbox"/> Homeless individuals and families who originally came from the streets, emergency shelters, institutions, or transitional housing, and are served in non-dedicated permanent supportive housing beds <input type="checkbox"/> Rapid rehousing project serving individuals, families, or unaccompanied youth <input type="checkbox"/> Homeless individuals and families who originally came from the streets, emergency shelters, institutions, or transitional housing, and are served through HMIS or Coordinated Entry 	<p>P F</p>
<p>H. Project Applicants must participate in the local Homeless Management Information System (HMIS), which includes the use of the Coordinated Entry System and selection of program participants consistent with the CoC's coordinated entry process. Check one:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Currently participate in HMIS-CES <input type="checkbox"/> Do not currently participate in HMIS-CES but agree to participate in the future <input type="checkbox"/> We are a victim service provider who uses a comparable database 	<p>P F</p>
<p>I. Check the box next to each Butte County CoC policies and procedures you intend to incorporate into your proposed program.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Code of Conduct, Ethics and Principles of Working Effectively <input type="checkbox"/> Governance Charter <input type="checkbox"/> Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in CoC-Funded Permanent Supportive Housing <input type="checkbox"/> Priority Homeless Households with Children <input type="checkbox"/> Prioritizing Unaccompanied Homeless Youth for Housing Services <input type="checkbox"/> Ensure that Emergency Shelters, Transitional Housing and Permanent Housing Providers Do Not Deny Admission or Separate Family Members Based on Age, Sex or Gender <input type="checkbox"/> Requirements to Inform Program Participants of Their Eligibility for Educational Services and Ensure Their Access to Those Services Under the HEARTH Act <input type="checkbox"/> Equal Access to Housing in HUD Programs Regardless of Sexual Orientation, Gender Identity or Marital Status 	<p>P F</p>
<p>J. Sub-Recipient Commitments (if applicable)</p> <ol style="list-style-type: none"> 1. Attach proof of non-profit or public agency (label NAET-J1) 2. Attach description of sub-recipient's experience successfully administering similar projects, and include a list of all your organization's federally funded projects (label NAET-J2) 3. If awarded the proposed grant, how many months after being awarded would work with the sub-recipient begin for this project, including rental assistance if applicable? _____ Months 	<p>P F</p>

RENEWAL APPLICANTS ELIGIBILITY THRESHOLD (PASS/FAIL)

Applicants must qualify (pass) under these eligibility requirements in order for their application to be reviewed and ranked in the competition. Applicants deemed to fail these threshold eligibility requirements will not be reviewed and ranked in the competition.

Renewal Applicant Eligibility Threshold	Internal Use
<p>A. Eligibility requirements: select below one requirement met by your agency and project:</p> <p><input type="checkbox"/> Any CoC Program, SHP, or S+C grant awarded in preceding competition that expires in CY 2022.</p> <p><input type="checkbox"/> Any S+C grant awarded prior to FY 2002 for which funding is expected to run out in CY 2022 and have never applied for renewal funding.</p> <p><input type="checkbox"/> Any SHP or S+C grant originally awarded in the FY 2011 Homeless Assistance Programs Competition, that has funds expiring in CY 2022 or later and has not been renewed in a previous competition.</p>	<p>P F</p> <p>N/A</p>
<p>B. Funding Request: Select one request below:</p> <p><input type="checkbox"/> Funding does not exceed Annual Renewal Demand</p> <p><input type="checkbox"/> If expansion is requested, additional expansion funds requested \$ _____</p> <p><input type="checkbox"/> If a decreased number of units is being requested in CY 2022, the proposed number of units _____</p>	
<p>C. Matching</p> <p>1. Amount of match \$ _____ (Must be at least 25%)</p> <p>2. Source of match _____</p>	<p>P F</p>
<p>D. Indirect Costs</p> <p>2. Percent of indirect cost _____ % (cannot exceed 10%)</p> <p>3. Attach federal negotiated Indirect Cost Rate Proposal (if applicable)</p>	<p>P F</p>
<p>E. Statutory Requirements</p> <p>The administrating agency and proposed project meet all statutory and regulatory requirements in 24 CFR part 578 (Initials) _____</p>	<p>P F</p>
<p>F. Eligible populations to be served with HUD approved projects (see 24 CFR 287 and Section II.B.11.f of NOFO). Check one population and project that describes your application:</p> <p><input type="checkbox"/> Homeless individuals and families who originally came from the streets, emergency shelters, institutions, or transitional housing, and are served in dedicated permanent supportive housing beds</p> <p><input type="checkbox"/> Homeless individuals and families who originally came from the streets, emergency shelters, institutions, or transitional housing, and are served in non-dedicated permanent supportive housing beds</p> <p><input type="checkbox"/> Rapid rehousing project serving individuals, families, or unaccompanied youth</p> <p><input type="checkbox"/> Homeless individuals and families who originally came from the streets, emergency shelters, institutions, or transitional housing, and are served through HMIS or Coordinated Entry</p>	<p>P F</p>

<p>G. Project Applicants must participate in the local Homeless Management Information System (HMIS) which includes the use of the Coordinated Entry System and selection of program participants consistent with the CoC’s coordinated entry process. Check one:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Currently participate in HMIS-CES <input type="checkbox"/> Do not currently participate in HMIS-CES but agree to participate in the future <input type="checkbox"/> Do not participate but are a victim service provider that uses a comparable database 	<p>P F</p>
<p>H. Check the box next to each Butte County CoC policies and procedures you intend to incorporate into your proposed program.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Code of Conduct, Ethics and Principles of Working Effectively <input type="checkbox"/> Governance Charter <input type="checkbox"/> Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in CoC-Funded Permanent Supportive Housing <input type="checkbox"/> Priority Homeless Households with Children <input type="checkbox"/> Prioritizing Unaccompanied Homeless Youth for Housing Services <input type="checkbox"/> Ensure that Emergency Shelters, Transitional Housing and Permanent Housing Providers Do Not Deny Admission or Separate Family Members Based on Age, Sex or Gender <input type="checkbox"/> Requirements to Inform Program Participants of Their Eligibility for Educational Services and Ensure Their Access to Those Services Under the HEARTH Act <input type="checkbox"/> Equal Access to Housing in HUD Programs Regardless of Sexual Orientation, Gender Identity or Marital Status 	<p>P F</p>

NEW APPLICANT QUALITY THRESHOLD (PASS/FAIL)

Applicants must qualify (pass) under these eligibility requirements in order for their application to be reviewed and ranked in the competition. The number of criteria which must be met in order to be eligible is noted within each project component type.

New Project Quality Threshold	Internal Use
<p>A. New Permanent Supportive Housing or Rapid Rehousing Projects Only Check all that apply (<u>at least three are required to be eligible</u>) and attach a description of the associated policies to prove qualification (label as indicated):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Type of housing and number of configuration of units fit the needs of the program participants (e.g. two or more bedrooms for families) (label NPQT-A1) <input type="checkbox"/> Type of supportive services ensure successful retention or help to obtain permanent housing (label NPQT-A2) <input type="checkbox"/> Specific plan for ensuring participants will be individually assisted to obtain benefits of the mainstream health, social and employment programs, and others, for which they are eligible to apply and meets the needs of the participants (label NPQT-A3) <input type="checkbox"/> The project is designed to assist participants to obtain and remain in permanent housing in a manner that fits their needs (label NPQT-A4) 	P F N/A
<p>B. New Joint Transitional and Permanent Housing-Rapid Rehousing Projects Only Check all that apply (<u>at least four are required to be eligible</u>) and attach a description of the associated policies and/or services to prove qualification (label as indicated):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Type of housing and number of configuration of units fit the needs of the program participants (e.g. two or more bedrooms for families) (label NPQT-B1) <input type="checkbox"/> Project will provide enough rapid rehousing assistance to ensure participants may move from transitional to permanent housing at any given time, as identified by budget and unit resources (label NPQT-B2) <input type="checkbox"/> Type of supportive services ensure successful retention or help to obtain permanent housing (label NPQT-B3) <input type="checkbox"/> Specific plan for ensuring participants will be individually assisted to obtain benefits of the mainstream health, social and employment programs, and others, for which they are eligible to apply and meets the needs of the participants (label NPQT-B4) <input type="checkbox"/> The project is designed to assist participants to obtain and remain in permanent housing in a manner that fits their needs (label NPQT-B5) <input type="checkbox"/> The project adheres to a Housing First model as defined in Section III.B2.o of the HUD NOFO (label NPQT-B6) 	P F N/A

C. New SSO-CE Projects Only

Check all that apply (at least two are required to be eligible) and attach a description of the associated policies and/or services to prove qualification (label as indicated):

- Coordinated Entry system is easily accessible for all persons within the CoC geographic area (NPQT-C1)
- Project has a strategy for advertising specific to homeless persons with the highest barriers (NPQT-C2)
- A standardized assessment process exists (NPQT-C3)
- The project ensures participants are directed to appropriate housing and services that fit their needs (NPQT-C4)

RENEWAL APPLICANT QUALITY THRESHOLD (PASS/FAIL)

Applicants must qualify (pass) under these eligibility requirements in order for their application to be reviewed and ranked in the competition. Renewal projects are expected to meet all stated criteria. Any exceptions may be cause for the CoC to reallocate the funds from the renewal project to a new project.

Renewal Project Quality Threshold	Internal Use
<p>A. Renewal projects must meet HUD’s minimum project eligibility, capacity, timelines, and performance standards. HUD will review applicant eligibility based on monitoring reports. Check each box that is true for the proposed renewal project. (Any necessary explanations may be attached; label RPQT-A)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Met the plans and goals established in the initial application <input type="checkbox"/> Adhered to all timeliness standards, including expenditure of grant funds. If no, provide written explanation and steps taken to resolve the situation. <input type="checkbox"/> <i>(Except HMIS dedicated projects)</i> Assisted program participants to achieve and maintain independent living and recording those successes <input type="checkbox"/> Was willing to accept technical assistance, has no history of inadequate financial accounting practices, has no indications of project mismanagement, has not drastically reduced the population served, has made no program changes without prior HUD approval, or has not lost a project site <input type="checkbox"/> The Annual Performance Report was successfully submitted on time for the most recently expired grant term. 	P F
<p>B. HUD may reduce or reject funding of a renewal project for any of the following reasons. HUD’s rejection of a project application could impact available funding for countywide homeless services. Check the box for any item that is true for the proposed renewal project. (Any necessary explanations may be attached; label RPQT-B)</p> <ul style="list-style-type: none"> <input type="checkbox"/> No outstanding obligations to HUD that is in arrears or for which a payment schedule has not been agreed upon <input type="checkbox"/> No audit finding(s) for which a response is overdue or unsatisfactory <input type="checkbox"/> History of adequate financial management accounting practices <input type="checkbox"/> Evidence of timely expenditures on prior award <input type="checkbox"/> No history of major capacity issues that have significantly affected the operation of the project and its performance <input type="checkbox"/> History of reimbursing sub-recipients for eligible costs in a timely manner or at least quarterly; <ul style="list-style-type: none"> <input type="checkbox"/> No sub-recipient <input type="checkbox"/> No history of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes <input type="checkbox"/> No funds have been recaptured by HUD for the most recently expired grant term related to this renewal project. 	P F

<p>C. Project Applicants with previously funded projects must provide proof of the following standards (label as indicated):</p> <ul style="list-style-type: none"> • Applicants and sub-recipients who have previously administered a CoC grant must have attached proof they have satisfactory capacity, drawdowns, and performance for existing grants that are funded under the SHP, S+C, or CoC Program (label RPQT-C1) • Expansion projects must describe and articulate the part of the project being expanded and clearly demonstrate it is not replacing other funding sources (label RPQT-C2) • Applicants must demonstrate they will be able to meet all timeliness standards required in 24 CFR 578.85. Those applicants with existing projects must demonstrate that they have met all project renewal threshold requirements and that their APR was submitted on the prior grant. (label RPQT-C3) 	<p>P F</p>
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Project Ranking Criteria

Please attach data source, including CoC Annual Performance Report, if a renewal application.

Project Elements – All Applicants	Internal Use	
	Maximum	Earned
<p>1. Project Description Briefly describe the entire proposed scope of work. (Attach description titled “Project Description”; two page maximum)</p> <ul style="list-style-type: none"> • Project goals • Service priorities and approaches • Type of housing and housing strategy • How the project addresses the needs of the clients to be served • Coordination with other CoC partners <p><i>(ESNAPS: Q3B-1) – Bullets added locally</i></p>	10	
<p>2. Sub Recipient Qualification – Not in ESNAPS If applicable, describe the sub-recipient services for the project and their experience providing these services (Attach description titled “Sub Recipient Qualifications”; one page maximum)</p>	3	
<p>3. HUD Policy Priorities – Not in ESNAPS Briefly describe how the project’s goals support the 2021 HUD Policy Priorities as listed below and as described in Section II of the NOFO). (Attach description titled “HUD Policy Priorities”; two page maximum)</p> <ul style="list-style-type: none"> • End homelessness for all persons • Use a Housing First Approach • Reduce unsheltered homelessness • Improve system performance • Partner with housing, health and service agencies • Address racial equity • Include persons with lived experience of homelessness in project planning 	5	
<p>4. Service Population</p> <p>a. Does your project have a specific population focus? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. If yes, please identify the specific population focus. (Select all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chronically Homeless priority <input type="checkbox"/> Chronically Homeless dedicated beds <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Families with Children <input type="checkbox"/> LGBTQ <input type="checkbox"/> Mentally Ill <input type="checkbox"/> Physical/Developmental Disabilities <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Victim of Domestic Violence <input type="checkbox"/> Victim of Human Trafficking <input type="checkbox"/> Veterans <input type="checkbox"/> Youth (under 25 years old) <input type="checkbox"/> Other _____ <p><i>(ESNAPS: Q3B-2)</i></p>	5	

<p>5. Service Population Experience Not in ESNAPS Describe the applicant’s (and sub-recipient’s, if applicable) experience working with the proposed population and in providing housing or services similar to that proposed in the application. (Attach description titled “Population Experience”; one page maximum)</p>	5	
<p>6. Housing First</p> <p>a. Does your project quickly move applicants into permanent housing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Does the project ensure that participants are not screened out based on the following items? (Select all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Having too little or little income <input type="checkbox"/> Active or history of substance use <input type="checkbox"/> Having a criminal record with exceptions for statutory-mandated restrictions <input type="checkbox"/> History of victimization (e.g. domestic violence, sexual assault, child abuse) <input type="checkbox"/> None of the above <p>c. Does the project ensure that participants are not terminated from the program for the following reasons? (Select al that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Failure to participate in supportive services <input type="checkbox"/> Failure to make progress on a service plan <input type="checkbox"/> Loss of income or failure to improve income <input type="checkbox"/> Another activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area <input type="checkbox"/> None of the above <p>d. Does the project follow a Housing First approach? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>(ESNAPS Q3B-3a, Q3B-3b, Q3B-3c, Q3B-3d)</i></p>	5	
<p>7. Racial Equity Describe any barriers to participation that your project has identified that are faced by persons of different races, particularly those over-represented in the Butte County homeless population. What steps has your project taken, or will it take, to eliminate the identified barriers? (Attach description titled “Racial Equity”; one page maximum).</p>	2	
<p>TOTAL POINTS AVAILABLE</p>	35	

All Housing Applicants	Internal Use																			
	Maximum	Earned																		
<p>1. Housing Type</p> <p>a. Select one housing type for this project:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Barracks <input type="checkbox"/> Dormitory, shared or private rooms <input type="checkbox"/> Shared housing <input type="checkbox"/> Single Room Occupancy (SRO) units <input type="checkbox"/> Clustered apartments <input type="checkbox"/> Scattered-site apartments (including efficiencies) <input type="checkbox"/> Single family homes/townhouses/duplexes <p>b. Complete the number of units and beds: Type of Housing: <input type="checkbox"/> PSH <input type="checkbox"/> TH <input type="checkbox"/> RRH Number of Units _____ Number of Bedroom Type(s) (e.g. SRO, 1 bedroom, etc.) _____ Number of Beds _____ Number of Beds Dedicated to Chronic Homelessness _____ <i>(Weighted for PSH vs. RRH)</i></p> <p><i>(ESNAPS: Q4B-1, Q4B-2, Q4-3)</i></p>	1																			
<p>2. Project Participants</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Households</td> <td style="width: 35%;">Households with at least one adult and one child</td> <td style="width: 35%;">Households without children</td> </tr> <tr> <td>Total number of households</td> <td></td> <td></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Participants</td> <td style="width: 35%;">Persons in households with at least one adult and one child</td> <td style="width: 35%;">Persons in households without children</td> </tr> <tr> <td>Adults over age 24</td> <td></td> <td></td> </tr> <tr> <td>Adults ages 18-24</td> <td></td> <td></td> </tr> <tr> <td>Accompanied Children under 18</td> <td></td> <td></td> </tr> </table> <p><i>(ESNAPS: Q5A)</i></p>	Households	Households with at least one adult and one child	Households without children	Total number of households			Participants	Persons in households with at least one adult and one child	Persons in households without children	Adults over age 24			Adults ages 18-24			Accompanied Children under 18			1	
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Participants	Persons in households with at least one adult and one child	Persons in households without children																		
Adults over age 24																				
Adults ages 18-24																				
Accompanied Children under 18																				
<p>3. HUD Prioritization</p> <p>Which factors do you use to determine severity of barriers and who is housed first? (check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Coming from the street or unsheltered situations <input type="checkbox"/> Chronically homeless <input type="checkbox"/> Have been or currently a victim of domestic violence <input type="checkbox"/> Pregnant women, infants, or toddlers <input type="checkbox"/> Households with children <input type="checkbox"/> Unaccompanied minor youth <input type="checkbox"/> Youth (18-24 year olds) <input type="checkbox"/> LGBTQ status 	3																			

<ul style="list-style-type: none"> <input type="checkbox"/> Significant health, behavioral health challenges or disability which require a significant level of support in order to maintain permanent housing <input type="checkbox"/> High utilization of crisis or emergency services, including emergency rooms, jails, or psychiatric facilities to meet basic needs <input type="checkbox"/> Vulnerability to illness or death <input type="checkbox"/> Vulnerability to victimization, including physical assault, human trafficking or sex tracking <input type="checkbox"/> Current or past substance abuse <input type="checkbox"/> Low income or no income <input type="checkbox"/> Criminal record 		
<p>4. Supportive Services for Participants For all supportive services available to participants, indicate who will provide them and how often they will be provided.</p> <p>Assessment of Service Needs Select one: <input type="checkbox"/> Applicant; <input type="checkbox"/> Subrecipient; <input type="checkbox"/> Partner; <input type="checkbox"/> Non-Partner Select one: <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Biweekly; <input type="checkbox"/> Monthly; <input type="checkbox"/> Bimonthly; <input type="checkbox"/> Quarterly; <input type="checkbox"/> Semi-annually; <input type="checkbox"/> Annually; <input type="checkbox"/> As Needed</p> <p>Assistance with Moving Costs Select one: <input type="checkbox"/> Applicant; <input type="checkbox"/> Subrecipient; <input type="checkbox"/> Partner; <input type="checkbox"/> Non-Partner Select one: <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Biweekly; <input type="checkbox"/> Monthly; <input type="checkbox"/> Bimonthly; <input type="checkbox"/> Quarterly; <input type="checkbox"/> Semi-annually; <input type="checkbox"/> Annually; <input type="checkbox"/> As Needed</p> <p>Case Management Select one: <input type="checkbox"/> Applicant; <input type="checkbox"/> Subrecipient; <input type="checkbox"/> Partner; <input type="checkbox"/> Non-Partner Select one: <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Biweekly; <input type="checkbox"/> Monthly; <input type="checkbox"/> Bimonthly; <input type="checkbox"/> Quarterly; <input type="checkbox"/> Semi-annually; <input type="checkbox"/> Annually; <input type="checkbox"/> As Needed</p> <p>Child Care Select one: <input type="checkbox"/> Applicant; <input type="checkbox"/> Subrecipient; <input type="checkbox"/> Partner; <input type="checkbox"/> Non-Partner Select one: <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Biweekly; <input type="checkbox"/> Monthly; <input type="checkbox"/> Bimonthly; <input type="checkbox"/> Quarterly; <input type="checkbox"/> Semi-annually; <input type="checkbox"/> Annually; <input type="checkbox"/> As Needed</p> <p>Education Services Select one: <input type="checkbox"/> Applicant; <input type="checkbox"/> Subrecipient; <input type="checkbox"/> Partner; <input type="checkbox"/> Non-Partner Select one: <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Biweekly; <input type="checkbox"/> Monthly; <input type="checkbox"/> Bimonthly; <input type="checkbox"/> Quarterly; <input type="checkbox"/> Semi-annually; <input type="checkbox"/> Annually; <input type="checkbox"/> As Needed</p> <p>Employment Assistance and Job Training Select one: <input type="checkbox"/> Applicant; <input type="checkbox"/> Subrecipient; <input type="checkbox"/> Partner; <input type="checkbox"/> Non-Partner Select one: <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Biweekly; <input type="checkbox"/> Monthly; <input type="checkbox"/> Bimonthly; <input type="checkbox"/> Quarterly; <input type="checkbox"/> Semi-annually; <input type="checkbox"/> Annually; <input type="checkbox"/> As Needed</p> <p>Food Select one: <input type="checkbox"/> Applicant; <input type="checkbox"/> Subrecipient; <input type="checkbox"/> Partner; <input type="checkbox"/> Non-Partner Select one: <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Biweekly; <input type="checkbox"/> Monthly; <input type="checkbox"/> Bimonthly; <input type="checkbox"/> Quarterly; <input type="checkbox"/> Semi-annually; <input type="checkbox"/> Annually; <input type="checkbox"/> As Needed</p> <p>Housing Search and Counseling Services Select one: <input type="checkbox"/> Applicant; <input type="checkbox"/> Subrecipient; <input type="checkbox"/> Partner; <input type="checkbox"/> Non-Partner Select one: <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Biweekly; <input type="checkbox"/> Monthly; <input type="checkbox"/> Bimonthly; <input type="checkbox"/> Quarterly; <input type="checkbox"/> Semi-annually; <input type="checkbox"/> Annually; <input type="checkbox"/> As Needed</p>	6	

Legal Services

Select one: Applicant; Subrecipient; Partner; Non-Partner
Select one: Daily; Weekly; Biweekly; Monthly; Bimonthly;
 Quarterly; Semi-annually; Annually; As Needed

Life Skills Training

Select one: Applicant; Subrecipient; Partner; Non-Partner
Select one: Daily; Weekly; Biweekly; Monthly; Bimonthly;
 Quarterly; Semi-annually; Annually; As Needed

Mental Health Services

Select one: Applicant; Subrecipient; Partner; Non-Partner
Select one: Daily; Weekly; Biweekly; Monthly; Bimonthly;
 Quarterly; Semi-annually; Annually; As Needed

Outpatient Health Services

Select one: Applicant; Subrecipient; Partner; Non-Partner
Select one: Daily; Weekly; Biweekly; Monthly; Bimonthly;
 Quarterly; Semi-annually; Annually; As Needed

Outreach Services

Select one: Applicant; Subrecipient; Partner; Non-Partner
Select one: Daily; Weekly; Biweekly; Monthly; Bimonthly;
 Quarterly; Semi-annually; Annually; As Needed

Rehabilitation and Disability Services

Select one: Applicant; Subrecipient; Partner; Non-Partner
Select one: Daily; Weekly; Biweekly; Monthly; Bimonthly;
 Quarterly; Semi-annually; Annually; As Needed

Substance Abuse Treatment Services

Select one: Applicant; Subrecipient; Partner; Non-Partner
Select one: Daily; Weekly; Biweekly; Monthly; Bimonthly;
 Quarterly; Semi-annually; Annually; As Needed

Transportation

Select one: Applicant; Subrecipient; Partner; Non-Partner
Select one: Daily; Weekly; Biweekly; Monthly; Bimonthly;
 Quarterly; Semi-annually; Annually; As Needed

Utility Deposits

Select one: Applicant; Subrecipient; Partner; Non-Partner
Select one: Daily; Weekly; Biweekly; Monthly; Bimonthly;
 Quarterly; Semi-annually; Annually; As Needed

Work Training Program (local category)

Select one: Applicant; Subrecipient; Partner; Non-Partner
Select one: Daily; Weekly; Biweekly; Monthly; Bimonthly;
 Quarterly; Semi-annually; Annually; As Needed

(ESNAPS: Q4A-1)

<p>5. Mainstream Support Services</p> <p>a. Please check the box next to each activity your project offers:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Transportation assistance to clients to attend mainstream benefit appointments, employment trainings, or jobs? <input type="checkbox"/> At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? <input type="checkbox"/> Project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? <input type="checkbox"/> A staff person who works directly with clients in supportive housing has completed SOAR training in the past 24 months? <p>b. Which of the following ways does your program ensure your participants effectively utilize the health care benefits available? (Check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Educational materials <input type="checkbox"/> In-person training <input type="checkbox"/> Transportation to medical appointments <input type="checkbox"/> Other: _____ <p><i>(ESNAPS: Q4A-2, Q4A-3)</i></p>	2	
<p>6. Prioritization of Housing Those Most in Need Enter the answer to the box to the right of each question.</p> <p>a. Percent of project participants with income less than \$1000 at entry into program (Benchmark: 65%; 30% victim service participants) <i>(Reference APR Q16)</i></p> <p>b. Percent of project participants with more than one disability type (Benchmark: 50%; 0% victim service participants) <i>(Reference APR Q13a2)</i></p> <p>c. Percent of project participants entering project from place not meant for human habitation (Benchmark: 50%; 0% victim service participants) <i>(Reference APR Q15)</i></p> <p>d. Percent of project participants who were chronically homeless at entry into program (Benchmark: 80%; 0% victim service participants) <i>(Reference APR Q26a)</i></p> <p>e. Domestic Violence Agency Applicants: Percent of project participants who were fleeing violence (Benchmark: 100% of domestic violence programs)</p>	2	
	1	
	2	
	2	
	5	

<p>8. Performance Measures Provide data from the past 12-month reporting period or APR for the following questions in the box to the right of the question. New projects who have not collected this data should indicate so next to each question that cannot be answered. Domestic violence programs may use data from their own database.</p> <p>a. Average number of days from referral until participant is placed in housing (Benchmark: 15 days RRH, 180 TH/PSH) <i>(Reference agency records)</i></p> <p>b. Percent of participants that move to Permanent Housing, or remain in Permanent Housing for PSH applicants (Benchmark: 80%) <i>(Reference APR Q22a1, Q23a, Q23b)</i></p> <p>c. Bed/unit utilization rate (Benchmark: 66%) <i>(Reference APR Q02)</i></p> <p>d. Percent of participants whose income increased from the start of their participation to their last assessment. (Benchmark: 50%) <i>(Reference APR Q19a3)</i></p> <p>e. Percent of participants with health insurance. (Benchmark: 75%) <i>(Reference APR Q21)</i></p>		2	
		2	
		1	
		2	
		1	
TOTAL POINTS AVAILABLE	35		

New Housing Project Applications	Internal Use	
	Maximum	Earned
1. Administrative Experience Describe your experience (and sub-recipient, if applicable) in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of sub-recipients (if applicable) regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants. (Attach description titled "Administrative Experience"; two-page maximum)	2	
2. Implementation Timeliness Describe the plan for rapid implementation of the program with proposed activities on a schedule for 60 days, 120 days and 180 days, include when the project will begin housing the first participant. (Attach description titled "Timeliness"; one page maximum)	1	
3. If applying for leasing, operational expenses, or project-based rental assistance, have you secured the property for your project. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In the process, please describe	2	
TOTAL POINTS AVAILABLE	5	

Renewal Housing Project Applications	Internal Use	
	Maximum	Earned
<input type="checkbox"/> Data Quality Please indicate answer in the box to the right of the question:		
a. Percent of data quality as reported through HMIS (Benchmark: 95%; 0% victim services) <i>(Reference APR Q06a, Q06b, Q06c, Q06d)</i>	1	
b. Percent of HMIS Bed Coverage Rate (Benchmark 100%; 0% victim services) <i>(Reference APR Q01)</i>	1	
c. Applicant completed APR by designated deadline	<input type="checkbox"/> Yes <input type="checkbox"/> No	1
d. Applicant offered a presentation on the outcome of the proposed project at the CoC Council meeting within the past 12 months	<input type="checkbox"/> Yes <input type="checkbox"/> No	1
<input type="checkbox"/> Changes in Application Describe any changes in this application from last year’s application. Specify which of the following areas that require change. (Attach description titled “Application Changes”; one page maximum) <ul style="list-style-type: none"> • Recipient • Subrecipient • Project Description • Services • Housing Type • Households • Subpopulations • Funding Request • Rental Assistance • Match • Budget • Attachments and Certifications 	1	
TOTAL POINTS AVAILABLE	5	

HMIS Applicants	Internal Use	
	Maximum	Earned
<p>1. Please <i>check the box</i> next to each question in which you can answer “yes” for your program. If “no” is the appropriate answer to any question, explain why and outline the planned steps for compliance on an attached page titled “HMIS Benchmarks.” Reference the question number for each question and do not exceed 500 characters per explanation.</p> <p><input type="checkbox"/> 1. Is the HMIS system currently programmed to collect all required Data Elements as set forth in the 2019 HMIS Data Standards?</p> <p><input type="checkbox"/> 2. Is the hmIS system currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (e.g., Annual Performance Reports, Annual Homeless Assessment table shells /Longitudinal System Analysis, data for CAPER/ESG reporting, SPM and Data Quality Table, etc.)</p> <p><input type="checkbox"/> 3. Is your HMIS system capable of generating all reports required by all Federal partners including HUD, VA, and HHS?</p> <p><input type="checkbox"/> 4. Can the HMIS system currently provide the CoC with an unduplicated count of clients receiving services in the CoC?</p> <p><input type="checkbox"/> 5. Does your HMIS implementation have a staff person responsible for ensuring that the implementation meets all privacy and security standards as required by HUD and the federal partners?</p> <p><input type="checkbox"/> 6. Does your organization conduct a background check on all employees who access HMIS or view HMIS data?</p> <p><input type="checkbox"/> 7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards on a regular basis?</p> <p><input type="checkbox"/> 8. Do you have a process in place to remove community members who no longer need access to HMIS (e.g. have left their job)</p> <p><i>(ESNAPS: Q4A)</i></p>	4	
<p>2. How long does it take to remove access rights to former HMIS users?</p> <p><input type="checkbox"/> Within 24 hours <input type="checkbox"/> Within 1 week <input type="checkbox"/> Within 2 weeks <input type="checkbox"/> Within 1 month</p> <p><input type="checkbox"/> Longer than 1 month</p> <p><i>(ESNAPS: Q4A-8a)</i></p>	3	
<p>3. Describe any changes in this application from last year’s application. Specify which of the following areas that require change. (Attach description titled “Application Changes;” one page maximum)</p> <ul style="list-style-type: none"> • Recipient • Subrecipient • Project Description • Services • Funding Request • Match • Budget • Attachments and Certifications 	2	
TOTAL POINTS AVAILABLE	35	

New Support Services Only/Coordinated Entry Applicants	Internal Use	
	Maximum	Earned
<p>1. System Expansion Describe how your program will build on, and coordinate with, the existing Coordinated Entry to bring more to the county. Examples: 1) Expand housing search and placement; 2) Increase the number of people in the Coordinated Entry system that would otherwise not be reached; 3) Provide additional referrals and coordination of services, such as mainstream benefits; 4) Expand administrative functions of the system, such as updating and distributing database more frequently or systematically. (Attach page titled "System Expansion"; two page maximum)</p>	8	
<p>2. Coordinated Entry Access</p> <p>a. Will the coordinated entry process funded in part by this grant cover the CoC's entire geographic area? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain (Attached page titled "Access"; half page maximum)</p> <p>b. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance, particularly those with barriers related to language, transportation, cognitive and physical disability and no access to a phone or the internet. How will this advertising strategy coordinate with the Butte County Coordinated Entry strategy? (Attach page titled "Outreach"; one page maximum)</p> <p><i>(ESNAPS Q4a, Q4c)</i></p>	2 3	
<p>3. Coordinated Entry Process</p> <p>a. Does the proposed coordinated entry process uses the same comprehensive, standardized assessment process as the Butte County Coordinated Entry System? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain (Attached page titled "Assessment"; half page maximum)</p> <p>b. Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services. How will this proposed referral process differ from and coordinate with the Butte County Coordinated Entry System? (Attach page title "Referral"; on page maximum)</p> <p>c. If the coordinated entry process includes differences in the access, entry, assessment or referral for certain populations, are those differences limited only to the following four groups: individuals, families, domestic violence and youth)? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain (Attached page titled "Difference"; half page maximum)</p> <p><i>(ESNAPS Q4d, Q4e, Q4f)</i></p>	2 2 2	

<p>4. Coordinated Entry Leadership Please check the box for each statement that is true:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Applicant actively participates in the planning and development of the Coordinated Entry system <input type="checkbox"/> Proposed services will assist with training, mentoring, and outreach in new geographic areas during the countywide roll out <input type="checkbox"/> Proposed services will include the applicant’s participation in the evaluation and enhancement of the Coordinated Entry system in key areas (e.g. access, prioritization, referral and data coordination) to improvement the system and prepare it for roll out <input type="checkbox"/> Proposed services will support a user monitoring assessment that ensures all policies are being maintained (in particular, non-discrimination requirements, person-centered approach, cultural competencies, use of process and tools, incorporation with mainstream services, and using the HMIS system) <input type="checkbox"/> Proposed services will expand coverage, access, or accessibility of Coordinated Entry 	5	
<p>5. Coordinated Entry Direct Services Please check the box for each statement that is true:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Uses the county’s Coordinated Entry prioritization practices <input type="checkbox"/> Maintains the county’s uniform standards in approach and decision making for diversion, prioritization, assessment, and case management <input type="checkbox"/> Currently enters profiles of homeless individuals and families into the HMIS system, and offers system feedback when appropriate <input type="checkbox"/> Currently uses the V-SPDAT assessment <input type="checkbox"/> A referral database is maintained and utilized daily 	5	
<p>6. Best Practices Approach Briefly describe the applicant’s case management approach to key elements of the Coordinated Entry process - assessment, scoring, prioritization, and determining eligibility. (e.g. participant choice, person-centered approach, Motivational Interviewing, diversion strategies, de-escalation, etc.) (Attached page titled “Best Practices Approach”; one page maximum)</p>	4	
<p>7. Implementation Timeliness Describe the plan for rapid implementation of the program with proposed activities on a schedule for 60 days, 120 days and 180 days. (Attach page titled “Timeliness”; one page maximum)</p>	2	
<p>TOTAL POINTS AVAILABLE</p>	35	

Renewal Support Services Only/Coordinated Entry Applicants	Internal Use	
	Maximum	Earned
<p>1. Coordinated Entry Access</p> <p>a. Will the coordinated entry process funded in part by this grant cover the CoC’s entire geographic area? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain (Attached page titled “Access”; half page maximum)</p> <p>b. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance, particularly those with barriers related to language, transportation, cognitive and physical disability and no access to a phone or the internet. (Attach page titled “Outreach”; one page maximum)</p> <p><i>(ESNAPS Q4a, Q4c)</i></p>	2 3	
<p>2. Coordinated Entry Process</p> <p>a. Does the proposed coordinated entry process use a comprehensive, standardized assessment process as the Butte County Coordinated Entry System? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain (Attached page titled “Assessment”; half page maximum)</p> <p>b. Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services. (Attach page titled “Referral”; one page maximum)</p> <p>c. If the coordinated entry process includes differences in the access, entry, assessment or referral for certain populations, are those differences limited only to the following four groups: individuals, families, domestic violence and youth)? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain (Attached page titled “Difference”; half page maximum)</p> <p><i>(ESNAPS Q4d, Q4e, Q4f)</i></p>	2 2 2	
<p>3. Coordinated Entry Leadership</p> <p>Please check the box for each statement that is true:</p> <p><input type="checkbox"/> Applicant actively participates in the planning and development of the Coordinated Entry system</p> <p><input type="checkbox"/> Proposed services will assist with training, mentoring, and outreach in new geographic areas during the countywide roll out</p> <p><input type="checkbox"/> Proposed services will include the applicant’s participation in the evaluation and enhancement of the Coordinated Entry system in key areas (e.g. access, prioritization, referral and data coordination) to improvement the system and prepare it for roll out</p> <p><input type="checkbox"/> Proposed services will support a user monitoring assessment that ensures all policies are being maintained (in particular, non-discrimination requirements, person-centered approach, cultural competencies, use of process and tools, incorporation with mainstream services, and using the HMIS system)</p> <p><input type="checkbox"/> Proposed services will expand coverage, access, or accessibility of Coordinated Entry</p>	5	

<p>4. Coordinated Entry Direct Services Please check the box for each statement that is true for the applicant.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Uses the Coordinated Entry prioritization practices <input type="checkbox"/> Maintains uniform standards in approach and decision making for diversion, prioritization, assessment, and case management <input type="checkbox"/> Currently works with homeless individuals and families, and enters profiles into HMIS system, and offers system feedback when appropriate <input type="checkbox"/> Currently uses the V-SPDAT assessment <input type="checkbox"/> A referral database is maintained and utilized daily <input type="checkbox"/> Housing search and placement will be initiated or expanded as part of the proposed services 	5	
<p>5. Best Practices Approach Briefly describe the applicant’s case management approach to key elements of the Coordinated Entry process - assessment, scoring, prioritization, and determining eligibility. (e.g. participant choice, person-centered approach, Motivational Interviewing, diversion strategies, de-escalation, etc.) (Attach page titled “Best Practice Approach”; one page maximum))</p>	4	
<p>6. Changes in Application Describe any changes in this application from last year’s application. Specify which of the following areas that require change. (Attach description titled “Application Changes”; one page maximum)</p> <ul style="list-style-type: none"> • Recipient • Subrecipient • Project Description • Services • Subpopulations • Funding Request • Rental Assistance • Match • Budget • Attachments and Certifications 	10	
<p>TOTAL POINTS AVAILABLE</p>	35	

Finances and Budget – All Applications			Internal Use																																																											
			Maximum	Earned																																																										
Eligible Expenses by Project Type: <i>Permanent Supportive Housing</i> <ul style="list-style-type: none"> Leased Units Leased Structures Rental Assistance Supportive Services Operations HMIS <i>Rapid Rehousing</i> <ul style="list-style-type: none"> Rental Assistance Supportive Services HMIS <i>Transitional Housing</i> <ul style="list-style-type: none"> Leased Units Leased Structures Rental Assistance Supportive Services Operations HMIS <i>Joint TH/PH-RRH</i> <ul style="list-style-type: none"> Leased Units Leased Structures Rental Assistance Supportive Services Operations HMIS <i>HMIS</i> <ul style="list-style-type: none"> HMIS <i>Support Services Only</i> <ul style="list-style-type: none"> Leased Structures Supportive Housing HMIS 			N/A																																																											
1. Summary Budget <table border="1"> <thead> <tr> <th>Eligible Costs</th> <th>Total Assistance Requested</th> </tr> </thead> <tbody> <tr><td>1a. Leased Units</td><td>\$</td></tr> <tr><td>1b. Leased Structures</td><td>\$</td></tr> <tr><td>2. Rental Assistance*</td><td>\$</td></tr> <tr><td>3. Supportive Services</td><td>\$</td></tr> <tr><td>4. Operating</td><td>\$</td></tr> <tr><td>5. HMIS</td><td>\$</td></tr> <tr><td>6. Sub-Total Costs Requested (1a-5)</td><td>\$</td></tr> <tr><td>7. Admin (up to 10%)</td><td>\$</td></tr> <tr><td>8. Total Assistance plus requested Admin (6+7)</td><td>\$</td></tr> <tr><td>9. Cash Match</td><td>\$</td></tr> <tr><td>10. In-Kind Match</td><td>\$</td></tr> <tr><td>11. Total Match (9+10)**</td><td>\$</td></tr> <tr><td>12. Total Budget (8+11)</td><td>\$</td></tr> </tbody> </table> <p>(ESNAPS: Q6E)</p> <p>*Rental Assistance (Complete if housing type is funded through rental assistance)</p> <table border="1"> <thead> <tr> <th>Size of Unit</th> <th># of Units</th> <th>FMR</th> <th>HUD Paid Rent</th> <th>Total Request (HUD Paid Rent * # Months)</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>(ESNAPS: Q6C)</p> <p>**Match</p> <table border="1"> <thead> <tr> <th>Type of Match (e.g. cash, in kind)</th> <th>Source (e.g. Government, private, etc.)</th> <th>Contributor (entity name)</th> <th>Date of Commitment</th> <th>Value of Commitment</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td>\$</td></tr> <tr><td></td><td></td><td></td><td></td><td>\$</td></tr> </tbody> </table> <p>(ESNAPS: 6D)</p>			Eligible Costs	Total Assistance Requested	1a. Leased Units	\$	1b. Leased Structures	\$	2. Rental Assistance*	\$	3. Supportive Services	\$	4. Operating	\$	5. HMIS	\$	6. Sub-Total Costs Requested (1a-5)	\$	7. Admin (up to 10%)	\$	8. Total Assistance plus requested Admin (6+7)	\$	9. Cash Match	\$	10. In-Kind Match	\$	11. Total Match (9+10)**	\$	12. Total Budget (8+11)	\$	Size of Unit	# of Units	FMR	HUD Paid Rent	Total Request (HUD Paid Rent * # Months)											Type of Match (e.g. cash, in kind)	Source (e.g. Government, private, etc.)	Contributor (entity name)	Date of Commitment	Value of Commitment					\$					\$	6	
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Subrecipient Sub Award			
Eligible Expenses	Total Subrecipient Award		
1a. Leased Units	\$		
1b. Leased Structures	\$		
2. Rental Assistance*	\$		
3. Supportive Services	\$		
4. Operating	\$		
5. HMIS	\$		
6. Sub-Total Sub-Recipient Award	\$		
<i>(ESNAPS: Q2A- modified locally)</i>			
2. Cost Effectiveness		4	
<input type="checkbox"/> Total annual operating budget cost for the project \$ _____			
<input type="checkbox"/> If housing application, the number of units to be funded _____			
<input type="checkbox"/> If housing application, the cost per unit \$ _____			
<i>(DI: 1E-2)</i>			
TOTAL POINTS AVAILABLE		10	

CoC PARTICIPATION AND APPLICATION QUALITY--INTERNAL USE			
Attended at least six CoC Council or membership meeting in past 12 months		2	
Participated in at least one population subcommittee in the past 12 months		2	
Participated in either HMIS or Coordinated Entry subcommittee in the past 12 months		2	
Application was complete		3	
Document demonstrates administrative capacity		2	
Document demonstrates financial stability		2	
Data provided is consistent with APR, HIC, or other objective reports		2	
TOTAL POINTS AVAILABLE		15	